



06-15-09

IAP03 Rec'd PCT 12 JUN 2009

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## AMENDMENT TRANSMITTAL LETTER

Docket No.  
59441(11259)

Application No. 10/562,086-Conf. #3235	Filing Date December 23, 2005	Examiner V. Afremova	Art Unit 1657
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Applicant(s): Peter J. Quesenberry

Invention: METHODS OF PRODUCING DIFFERENTIATED HEMATOPOIETIC CELLS FOR  
TREATMENT OF CYTOPENIA

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	48	- 38 =	10	x 52.00	520.00
Independent Claims	4	- 3 =	1	x 220.00	220.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): 1252 Extension for response within second month 1401 Notice of Appeal					490.00 540.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,770.00</b>

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 04-1105 in the amount of \$ 1,770.00

A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Kathryn A. Piffat, Ph.D.

Dated: June 12, 2009

Kathryn A. Piffat, Ph.D., Esq.  
Attorney/Agent Reg. No.: 34,901

EDWARDS ANGELL PALMER & DODGE LLP  
P.O. Box 55874  
Boston, Massachusetts 02205  
(617) 517-5516

06/18/2009 TLUU22 0000009 041105 10562086

01 FC:1615 520.00 DA  
02 FC:1614 220.00 DA



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## AMENDMENT TRANSMITTAL LETTER

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P.O. Box 55874  
Boston, Massachusetts 02205  
(617) 517-5516



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

**Effective on 12/08/2004.**  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2009**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>1,770.00</b>
		Attorney Docket No.

**Complete if Known**

Application Number	10/562,086-Conf. #3235
Filing Date	December 23, 2005
First Named Inventor	Peter J. Quesenberry
Examiner Name	V. Afremova
Art Unit	1657
TOTAL AMOUNT OF PAYMENT	(\$)

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account		Deposit Account Number:		04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
48 - 38 or HP = 10	x 52.00	= 520.00		

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
4 - 6 or HP = 1	x 220.00	= 220.00			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00

1401 Notice of Appeal 540.00

<b>SUBMITTED BY</b>					
Signature	Kathryn A. Piffat, Ph.D.	Registration No. (Attorney/Agent)	34,901	Telephone	(617) 517-5516
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.		Date	June 12, 2009	



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PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,770.00)

### Complete if Known

Application Number	10/562,086-Conf. #3235
Filing Date	December 23, 2005
First Named Inventor	Peter J. Quesenberry
Examiner Name	V. Afremova
Art Unit	1657

Attorney Docket No. 59441(11259)

### METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105		Deposit Account Name: Edwards Angell Palmer & Dodge LLP	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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##### Fee Description

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Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

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Other (e.g., late filing surcharge): 1252 Extension for response withing second month 490.00

1401 Notice of Appeal 540.00

#### SUBMITTED BY

Signature	Kathryn A. Piffat, Ph.D.	Registration No. (Attorney/Agent)	34,901	Telephone	(617) 517-5516
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.		Date	June 12, 2009	



Application No. (if known): 10/562,086

Attorney Docket No.: 59441(11259)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 258539718 US in an envelope addressed to:

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on June 12, 2009  
Date

Kathryn Grindrod  
Signature

Kathryn Grindrod

Typed or printed name of person signing Certificate

Registration Number, if applicable

(617) 517-5534  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)  
Fee Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Notice of Appeal (1 page)  
Transmittal – Amendment (1 page)  
Amendment (24 pages)  
Declaration of Dr. Peter J. Quesenberry (12 pages)  
Return Receipt Postcard  
Charge \$1,770.00 to deposit account 04-1105



PTO/SB/21 (04-09)

Approved for use through 05/31/2009. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/562,086-Conf. #3235
		Filing Date	December 23, 2005
		First Named Inventor	Peter J. Quesenberry
		Art Unit	1657
		Examiner Name	V. Afremova
Total Number of Pages in This Submission		Attorney Docket Number	59441(11259)

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Declaration of Dr. Peter J. Quesenberry
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Amendment Transmittal Certificate of Express Mailing
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	Return Receipt Postcard
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Kathryn A. Piffat, Ph.D., Esq.		
Date	June 12, 2009	Reg. No.	34,901